



## New Changes to ATOD Screen & Risk Factor

August 20, 2019

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Hello and welcome to this webinar for Kansas WIC Staff titled, “New Changes to Alcohol, Tobacco, and Other Drugs (ATOD) Screen & Risk Factor.”

My name is Lisa Medrow and I am the Training Coordinator for Kansas WIC. The state agency has put together this webinar for CPAs to understand the changes to the ATOD screen and risk factor that will be effective with the KWIC 4.2 release.

This is a recorded webinar. WIC Coordinators, please keep your own attendance and file in your training folder. If you have any questions about the changes to the ATOD screen and risk factor after viewing this webinar please contact the state Dietitian assigned to your county.

### Kansas Risk Factor Update – September 2019

**ACTION REQUIRED:** All nurses and dietitians must review this document **before September 16, 2019**.

This document contains the Kansas risk factor changes that take effect with the release of KWIC Client Services version 4.2. The September 2019 Policy Memo will list all policy changes taking effect Oct. 1, 2019, but actually the risk factor changes will occur with the KWIC Client Services version 4.2. Local Agencies will receive more information about the release, but it is scheduled to be available to staff **Monday morning September 16<sup>th</sup>**. The following related policies and risk factor manuals will **not** be posted to the Kansas WIC website until later in September, along with all the other policy changes that occur as of October 1.

[CRT 07.00.00 Nutritional Eligibility](#) [CRT 07.01.00 Determine Nutritional Risk-Anthropometric](#) [Risk Factor Manuals](#)


#### General reminders about risk factors



Even though KWIC will automatically assign many risk factors, certifying staff members should still be knowledgeable about risk factor definitions.

Notice that some of the automated risk factors contain a warning that conditions might exist in which the certifying staff member might need to assign the risk factor manually, e.g. Woman or Primary Caregiver with Limited Ability.

During nutrition assessment/certification, the certifying staff member should thoughtfully review the **entire** list of risk factors, including the ones that are auto-assigned. Staff should:

- Notice that, as before, automated risk factors in the Nutrition Risk Manuals are identified with the symbol . The definition describes the auto-assignment in detail.
- Review which risk factors require documentation of a physician's diagnosis and open the auto-assigned risk factor to mark the "Based on MD Diagnosis" checkbox. At the end of each manual, Table 3 lists all the risk factors that require documentation of a physician's diagnosis.
- Treat the auto-assigned risk factors like those that are manually assigned. If notes are needed to clarify severity, treatment, etc., either make a risk note, or document in the regular KWIC Notes.

USDA Code	Title	Definition and Notes	Priority				
			PG	BF	PP	I	C
111	Overweight, < 6 months pp And Overweight, > 6 months pp	Change: Minor format correction in manual.		1			

Risk Factor Update, effective with KWIC v. 4.2, September 2019

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This is a screen shot of the Risk Factor Update provided in the August I-Memo. This update includes all of the risk factor updates with KWIC 4.2, and on this webinar we will focus on the changes related to the ATOD screen and risk factor only.

While the update gives you all the details, we really felt it was important to provide a webinar in addition to this written document to provide some guidance on how to discuss such a sensitive topic with your clients.

- **Change:** Title change from Alcohol and/or Illegal Drug Use and significant definition change to match USDA Memo of 6/13/18. Addition of radio buttons to KWIC ATOD screen:


- Misuse of prescription medications
  - Any marijuana use in any form (PG, BF only)
- KWIC will autoassign for additional definition criteria.

Includes any marijuana smoked or ingested.


Misuses of prescription drugs include using medications as follows: for **non-medical reasons, prescribed for someone else, more often than the prescribed frequency, in larger-than-prescribed doses, and/or over a longer time than prescribed.**

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The big change is the addition of misuse of prescription medications and marijuana use to the risk factor, "Alcohol and/or Illegal Drug Use" which also means these have been added the ATOD screen in KWIC.



# Old & New KWIC Screens—Pregnancy Example



Health Interview: Health Interview ATOD

Currently Viewing: ATOD

### Alcohol and Drug Use

# of Days per Week Drinking Occurs

# of Drinks per Day

3 Months Prior to Pregnancy

Now

Illegal Drug Use ☐ Yes ☐ No

### Cigarette Use

# of Cigarettes per Day

3 Months Prior to Pregnancy

Now

Does anyone else smoke in the home?

Smoking changes during pregnancy?

Health Interview: Health Interview ATOD

Currently Viewing: ATOD

### Alcohol and Drug Use

# of Days per Week Drinking Occurs

# of Drinks per Day

3 Months Prior to Pregnancy

Now

Illegal Drug Use ☐ Yes ☐ No

Misuse of prescription medications ☐ Yes ☐ No

Any marijuana use in any form ☐ Yes ☐ No

### Cigarette Use

# of Cigarettes per Day

3 Months Prior to Pregnancy

Now

Does anyone else smoke in the home?

Smoking changes during pregnancy?

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You can see the old screen on the left and the new screen on the right.

**Misuse of prescription medications** has been added, as well as **any marijuana use in any form**

First, ask permission...

Would it be okay if I ask you some questions about alcohol, drugs and medication, and tobacco?

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So how should you begin asking these questions on the ATOD screen?

How often do you drink alcohol? How many drinks on those days?

How often did you drink alcohol in the three months before you got pregnant? How many drinks on those days?

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Then....

How often do you take prescription medications that are not prescribed to you or differently than the prescribed dose/frequency?

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How often do you use marijuana?

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How often do you use other drugs?

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How often do you smoke cigarettes?

How often does anyone smoke **inside** your home?

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I wanted to clarify real quick that the KWIC screen “Does anyone else smoke in the home?” is asking if anyone physically smokes inside her home. It is not asking if anyone living with her smokes but does so outside the home. We get a lot of questions about this so we want to make sure everyone knows it’s asking if mom is living with someone who smokes **inside** the home.

- How often do you drink alcohol? How many drinks on those days?
- How often did you drink alcohol in the three months before you got pregnant? How many drinks on those days?
- How often do you take prescription medications that are not prescribed to you or differently than the prescribed dose/frequency?
- How often do you use marijuana?
- How often do you use other drugs?
- How often do you smoke cigarettes?
- How often did you smoke cigarettes three months before you got pregnant?
- How often does anyone smoke **inside** your home?

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It's important to ask open-ended questions that don't lead to the "right" answer. I know, you hear this all the time, "ask open-ended questions," but if you really think about it, do you actually do it, especially with these questions? And what do we mean by ones that "don't lead to the **right** answer?"

First, notice how all of our suggested questions were open-ended, starting with "how often." This is an open-ended question that doesn't lead a client to the "right" answer.

Second, notice how we say specifically, "drink **alcohol**" ?" If we asked the question, "Do you drink?" it sort of has a negative tone, right? Compared to the more descriptive and open question, "How often do you drink alcohol?". Even saying, "Any illegal drug use?" can sound leading to make the client feel like they should say no. First off, you're saying the word, "illegal"!

We also put these questions just a bit out of order, by making the last question about "other drugs" even though it's a little out of order on the screen. It just feels like a better flow to us, but you might find your own groove. It doesn't matter in what order you ask the questions but that they all get asked.

Lastly, no matter how well you know a client and/or their previous responses, don't say things like, "You don't drink, do you?" Or, "No drugs?" or "No marijuana, right?"

By being really mindful about how you ask these questions, you are telling clients that you are not judging or assuming anything, and they will likely give you more information (and honest information) than asking, "Do you drink? Do you use illegal drugs?"

**CAUTION!**

This is **not** the time for praise or education!

Stick to collecting information only.

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You all do such a good job with affirming clients and praising them when they are doing things well, and we love that. And clients love that!! However, we urge you to refrain from that until after you have finished collecting information.

Think about this...

If Mom tells you she doesn't drink and you immediately say, "Oh that's great!" what do you think she's going to say when you ask how much she drank during the three months before she got pregnant?

No matter how delicately you ask this open-ended question, you have already indicated to her what the "right" answer should be based on how you reacted to her response to the first question. And this will trickle down through all the rest of the questions, too. Finish collecting all the ATOD information first, then if you want to praise and/or educate/refer at that time, you can. Or, you might wait until later in the appointment. The main thing is don't **react** (at all) to any of the ATOD questions until after all of them have been answered.

Why is all of this so important?

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To be nice?  
To not offend anyone?  
To meet requirements?

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Because...

If your client doesn't tell you,  
**you can't get her the help she needs.**

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Maybe, but the real answer is because if your client doesn't tell you, you can't help her! And I'm pretty sure **all** of you do what you do because you want to help people! So, don't do it for us here at the state agency but do it so you can get the real story from your client so you can get her the help she needs!

Remember to Make a Referral!

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....which leads me to, Remember to make a referral!



## Document the Referral!

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...and don't forget to document the referral!!!!

## Document ATOD Topic &/or Handouts

(Required for **all** clients!)

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Documenting that you discussed the ATOD Topic and/or provided a Handout is equally important. And remember, documenting the ATOD Topic and/or Handout is required for ALL WIC clients at certification.

### All PG, PP, BF and caregivers of I and C shall be given information on the dangers of ATOD

Policy CRT 08.03.00 Drug and Substance Abuse Referrals

For **all adults**, whether using ATOD or not:

- Discuss the dangers of these, at least briefly, and document ATOD (Alcohol, Tobacco and other Illegal Drug Use) in KWIC Nutrition Education **Topics**

**OR**

- give a handout that includes ATOD information (e.g. Eat, Grow, Live Healthy) **and** discuss with client/caregiver – document under KWIC Nutrition Education **Handouts** and optional-**Topics**

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There has been some confusion on what meets the requirements of documenting ATOD information in KWIC.

(review slide... “For all adults....”)

While one option that can be used is to provide this information in a handout that includes ATOD information, simply providing the handout is not adequate. The client or caregiver will only know the content of the material if it is pointed out or discussed. Since you are discussing the topic with them while pointing it out in the handout, you might as well move over the ATOD Topic, however providing the handout and discussing it with them is sufficient. (Hint: We look closely for this on MEs!)

Thank you!  
(And thank you for **ALL** you do!)

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I hope this webinar answers any questions you have about the changes to the ATOD screen and risk factor and helps to clarify any documentation questions you have.

Thank you for watching this webinar, and for all you do every day!

Remember to contact your state RD with any questions.

Thank you!